

**Arizona Board of Occupational Therapy Examiners**  
**5060 N. 19<sup>th</sup> Ave., Ste. 209**  
**Phoenix, Arizona 85015**  
**(602) 589-8352 FAX (602) 589-8354**  
**Website: [www.occupationaltherapyboard.az.gov](http://www.occupationaltherapyboard.az.gov)**

**LICENSE RENEWAL APPLICATION FOR AN OCCUPATIONAL THERAPIST  
OR  
AN OCCUPATIONAL THERAPY ASSISTANT**

Pursuant to A.R.S. §32-3426 and in accordance with A.A.C. R4-43-203, I hereby make application for the renewal of my occupational therapy license.

**Check One**

- ☐ Occupational Therapist (OT)
- ☐ Occupational Therapy Assistant (OTA)
- ☐ OT Inactive Status (License must be current to apply)
- ☐ OTA Inactive Status (License must be current to apply)

**Renewal Fees are Non-Refundable**

\$200.00  
\$100.00  
\$ 25.00  
\$ 15.00

**License Number:**\_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Other names used: \_\_\_\_\_  
(Maiden) (Also known as)

Home Address: \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip)

Mailing Address: \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip)

Telephone No. (H) \_\_\_\_\_ (Wk) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**Employment**

Name of Employer: \_\_\_\_\_  
Employer Phone Number

Employment Address: \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip)

**Continuing Education**

Pursuant to A.R.S. §32-3426 and in accordance with A.A.C. R4-43-203(A)(1)(2) an occupational therapist shall complete 20 clock hours of continuing education for renewal of a 2-year license; and an occupational therapy assistant shall complete 12 clock hours of continuing education for a renewal of a 2-year license.

**A. Professional workshops, self/formal study courses or video presentation, see R4-43-203(D)**

Hours      Names of professional workshops, self/formal study courses or video presentation


**B. Completion of an undergraduate or graduate course at a college or university, see R4-43-203(D)**

Hours      Course Title

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Proof of a grade "C" or better, and a personal statement describing how the course extends the licensee's professional skill and knowledge is required.

**C. Publication of a book, see R4-43-203(D)(5)(a)**

Hours      Title of book

		Maximum of 10 hours
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**D. Publication of a chapter of a book, see R4-43-203(D)(5)(c)**

Hours      Title of chapter of the book

		Maximum of 5 hours
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**E. Publication of an article, see R4-43-(D)(5)(b)**

Hours      Title of the article

		Maximum of 4 hours
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**F. Publication of a film or video tape, see R4-43-203(D)(5)(d & e)**

Hours      Title of the film or video tape

		Maximum of 6 hours
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**G. Presentation of a course or program, see R4-43-203(D)(6)**

Hours      Name of course or program presented

		Maximum of 4 hours
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**H. In-Service, see R4-43-203(D)(7)**

Hours      Name of the In-Service      Attach a statement

		Maximum of 4 hours

**I. \_\_\_\_\_ TOTAL OF ALL TRAINING HOURS**

**Disciplinary Questions**

**Before answering the next questions, read the following: The fact that a conviction has been pardoned, expunged, dismissed, deferred, reclassified or that your civil rights have been restored, does not mean that you answer this question “no”; you would have to answer “yes” and give details on each conviction.**

1. Since your license was granted or your last renewal, whichever is later, have you been convicted, entered a plea of guilty, nolo contendere or no contest or have you been sentenced, served time in jail or prison, or had prosecution deferred in any felony or undesignated offense?

\_\_\_\_\_ Yes      \_\_\_\_\_ No      If yes, provide a **written explanation** of the details of each conviction and sentence. Return the written explanation, a copy of the police report and court documents for each conviction indicating type of conviction, conviction date, and sentence including the date of absolute discharge of the sentence for each **felony** conviction with your application.

2. Since your last renewal, have you had any drug or alcohol related convictions?

\_\_\_\_\_ Yes      \_\_\_\_\_ No      If yes, provide a **written explanation** of the details of each conviction and sentence. Return the written explanation and court documents for each conviction indicating type of conviction, conviction date and sentence.

3. Are you currently under investigation or is a disciplinary action pending against your occupational therapy license you hold in any state or territory of the United States?

\_\_\_\_\_ Yes      \_\_\_\_\_ No      If yes, include a detailed explanation and a copy of the paperwork regarding the current investigation or pending disciplinary action with your application.

**Please be advised that failure to provide the requested documents will delay the processing of your application.**

### VERIFICATION BY OATH OR AFFIRMATION

The undersigned verifies that he/she is the person referred to in the foregoing application; that the statements are true in every respect; that he/she has not suppressed any information that would affect this application; that he/she will conform to ethical standards of conduct in the profession of occupational therapy and obey the laws and rules of the Arizona Board of Occupational Therapy Examiners; that he/she has read and understands that failure to disclose the requested information or disclosure of false information or disclosure of misleading information may constitute fraud and may result in denial of licensure/certification or disciplinary action, up to and including revocation, taken against an issued license or certificate. Failure to disclose the requested information or disclosure of false or misleading information may also result in criminal prosecution.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

State: \_\_\_\_\_

County: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ by the affiant, who personally appeared before me.

\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE

My Commission expires: \_\_\_\_\_  
(OFFICIAL STAMP)

*Revised 6/4/2008*